

ACORD						AUTOMOBILE LOSS NOTICE						DATE (mm/dd/yy)	
PRODUCER Charlson - Wilson Ins Agency P. O. Box 1989 Manhattan, KS 66502			PHONE (A/C, No, Ext) 800-488-2930		COMPANY Cornhusker Casualty		MISCELLANEOUS INFO (Site & location code) Attn: Paula Opal - Claims Assistant 800-488-2930						
AGENCY CUSTOMER ID:			SUB CODE:		EFF DATE 8/1/2008		EXP DATE 8/1/2011		D/O/A and Time			PREVIOUSLY REPORTED	
KF0103									<input type="checkbox"/> AM			<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> PM			<input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURED			CONTACT		<input type="checkbox"/> CONTACT INSURED								
NAME AND ADDRESS State of Kansas - Kansas State Fleet Lee Harmon - Dept of Div of Purchases			NAME AND ADDRESS Department: Contact Name					WHERE TO CONTACT					
RES PHONE (A/C, No) XXXXXXXXXXXXXXXXXXXX			BUS PHONE (A/C, No, Ext) XXXXXXXXXXXXXXXXXXXX		RES PHONE (A/C, No) XXXXXXXXXXXXXXXXXXXX		BUS PHONE (A/C, No, Ext) XXXXXXXXXXXXXXXXXXXX		WHEN TO CONTACT				
LOSS													
LOCATION OF ACCIDENT (Include city & state)						AUTHORITY CONTACTED:			VIOLATIONS/CITATIONS				
						REPORT #:							
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)													
INSURED VEHICLE													
VEH #		YEAR	MAKE:		BODY TYPE:			PLATE NUMBER			STATE		
			MODEL:		V.I.N.:								
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No.):							
						BUSINESS PHONE (A/C, No, Ext):							
DRIVER'S NAME & ADDRESS (Check if same as owner) <input type="checkbox"/>						RESIDENCE PHONE (A/C, No.):							
						BUSINESS PHONE (A/C, No, Ext):							
RELATION TO INSURED		D/O/B	DRIVER'S LICENSE NUMBER		STATE		PURPOSE OF USE			USED WITH PERMISSION?			
										<input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIBE DAMAGE			EST AMNT	WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?			OTHER INS ON VEHICLE				
PROPERTY DAMAGED													
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						COMPANY OR AGENCY NAME:							
						OTHER VEH/PROP INS?			POLICY #:				
						<input type="checkbox"/> YES <input type="checkbox"/> NO							
OWNER'S NAME & ADDRESS						RESIDENCE PHONE (A/C, No.):							
						BUSINESS PHONE (A/C, No, Ext):							
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner) <input type="checkbox"/>						RESIDENCE PHONE (A/C, No.):							
						BUSINESS PHONE (A/C, No, Ext):							
DESCRIBE DAMAGE			EST AMNT	WHERE CAN DAMAGE BE SEEN?									
INJURED													
NAME & ADDRESS					PHONE (A/C, No)			PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY	
WITNESSES OR PASSENGERS													
NAME & ADDRESS					PHONE (A/C, No)			INS VEH	OTH VEH	OTHER (Specify)			
REMARKS (Include adjuster assigned)													
REPORTED BY					REPORTED TO					SIGNATURE OF PROD / INSD			